

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>INCIDENT REPORT - GAS DISTRIBUTION SYSTEM</b>	Report Date _____ No. _____ (RSPA)
<b>PART 1 - GENERAL REPORT INFORMATION</b> <span style="float: right;">*SEE INSTRUCTIONS*</span>		
<div>1. a. Operator's 5 digit Identification Number       / / / / / b. Name of Operator _____ c. _____       Number and Street d. _____       City, County, State and Zip Code</div> <div>2. Location of incident a. _____       Number and Street b. _____       City and County c. _____       State and Zip Code d. Class location   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4 e. Incident on Federal land   <input type="checkbox"/> Yes   <input type="checkbox"/> No</div> <div>3. Time and date of incident    / / / / hr.   / / / mo.   / / / day    / / / yr.</div>		<div>4. Reason for reporting <input type="checkbox"/> Fatality                      Number / / / / persons <input type="checkbox"/> Injury requiring inpatient       hospitalization        Number / / / / persons <input type="checkbox"/> Property damage/loss   Estimate \$ _____ <input type="checkbox"/> Operator judgment/emergency action <input type="checkbox"/> Supplemental Report</div> <div>5. Elapsed time until area       was made safe                      / / / hr. / / / min.</div> <div>6. Telephone Report    / / / / mo. / / / / day / / / / yr.</div> <div>7. a. Estimated pressure at point and time of incident       (PSIG) _____    b. Maximum allowable operating pressure       (MAOP)(PSIG) _____    c. MAOP established by:       (1) Test pressure _____(PSIG)       (2) 49 CFR § 192.619 (a)(3)   <input type="checkbox"/></div>
<b>PART 2 - APPARENT CAUSE</b>		
<div><input type="checkbox"/> Corrosion                      <input type="checkbox"/> Damage by Outside Forces   <input type="checkbox"/> Construction/Operating error   <input type="checkbox"/> Other _____       (Continue in Part A)                      (Continue in Part B)                      (Continue in Part C)</div> <div><input type="checkbox"/> Accidentally caused by operator       (Continue in Parts B and/or C)</div>		
<b>PART 3 - NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE INCIDENT</b>		(Attach additional sheet(s) as necessary)
<b>PART 4 - ORIGIN OF THE INCIDENT</b>		
<div>1. Part of system where incident occurred <input type="checkbox"/> Main                      <input type="checkbox"/> Meter Set Assembly <input type="checkbox"/> Service Line           <input type="checkbox"/> Other _____</div> <div>3. Material involved: <input type="checkbox"/> Steel                      <input type="checkbox"/> Cast iron <input type="checkbox"/> Polyethylene plastic   <input type="checkbox"/> Other plastic: _____ <input type="checkbox"/> Other _____</div> <div>4. Specification _____ (NPS) / / / / in.   Wall thickness / / / / in.    Manufacturer _____ Yr Manufactured / / / / Yr Installed / / / /</div>		<div>2. Component which failed a. Part <input type="checkbox"/> Body of pipe                      <input type="checkbox"/> Valve <input type="checkbox"/> Joint type                      <input type="checkbox"/> Regulator/meter <input type="checkbox"/> Fitting                      <input type="checkbox"/> Weld(Specify) _____   (girth, longitudinal, fillet) <input type="checkbox"/> Drip/Riser                      <input type="checkbox"/> Other _____</div>
<b>PART 5 - ENVIRONMENT</b>		
Area of Incident <input type="checkbox"/> Within/Under bldg <input type="checkbox"/> Under pavement <input type="checkbox"/> Above ground <input type="checkbox"/> Under ground or Under water <input type="checkbox"/> Other _____		
<b>PART 6 - PREPARER AND AUTHORIZED SIGNATURE</b>		
(type or print) Preparer's Name and Title		Area Code and Telephone Number
Authorized Signature		Date   Area Code and Telephone Number